

KANSAS DEPARTMENT FOR AGING & DISABILITY SERVICES
Board of Adult Care Home Administrators
APPLICATION FOR
RECIPROCAL ADULT CARE HOME ADMINISTRATOR LICENSE

K.A.R. 26-38-7 outlines requirements for obtaining Kansas licensure through reciprocity. Please review the Reciprocity Application Instructions for details.

The four options for reciprocal license are briefly described below and impact how this application is completed.

- | | |
|-----------------|--|
| Option A | Documentation that the criteria of the licensing State in which the applicant is currently licensed are substantially equivalent to the current Kansas examination, education, training and experience criteria, OR |
| Option B | Documentation that the applicant has been continuously licensed during the preceding five years during which time the applicant annually attained at least 2,080 hours of experience as an administrator of record of a licensed adult care home or a licensed long-term care unit of a hospital, OR |
| Option C | Minimum baccalaureate degree and completion of an approved 480-hour AIT practicum, OR |
| Option D | Documentation of current Health Services Executive certification and no disciplinary action of a serious nature by a licensing board or agency |

LICENSE FEE

Reciprocal: \$ 220.00 **

**See fee schedule. Fees are pro-rated for partial year licenses.

Enclose non-refundable fee made payable to KDADS. Visa or MasterCard may be used for payment of fees. Charge authorization form must be completed and signed to utilize this option.

Military Considerations

(For military applicants and spouses - please provide a copy of your United States Uniformed Services Identification Card)

Are you the spouse of an active-duty military service member and wish to receive expedited processing on that basis? _____

Are you an active-duty military service member? _____

Are you a former military service member? _____

If yes, please provide a copy of your DD214 form with Characterization of Service.

APPLICANT INFORMATION

(All applicants must complete this section)

Name: _____
Last First Mi Other

Address: _____
Street / Route / Box / Apt # City State Zip

Email: _____

Birthdate: ____ / ____ / ____ SSN _____

Phone: work _____ home _____ cell _____

(Attach a copy of your Social Security Card or document bearing your name and Social Security number)

LICENSE IN ANOTHER STATE

(All applicants must complete this section)

List all states in which you have ever held an adult care home administrator license:

State: _____ State: _____ State: _____

State: _____ State: _____ State: _____

Request each state send a verification of licensure directly to this Board or email wendy.jacobs@ks.gov.

OR send to each state, complete Part I of the verification of license, request that the state Board complete Part II and return verification to this Board.

REFERENCES

(All applicants must submit two letters of reference)

K.A.R. 26-38-3(b) requires that each licensure applicant submit, on Board approved forms, one letter of reference from a licensed adult care home administrator, in state or out of state, and one letter of reference from another person not related to the candidate as defined

under "Relative" in K.A.R. 26-38-1(l).

K.A.R. 26-38-1(l) defines Relative to mean any of the following: (1) A spouse, parent, child, or sibling; (2) a sibling as denoted by the prefix "half"; (3) a parent, child, or sibling as denoted by the prefix "step"; (4) a foster child; (5) an uncle, aunt, nephew, or niece; (6) any parent or child of a preceding or subsequent generation as denoted by the prefix "grand" or "great"; or (7) a parent, child, or sibling related by marriage as denoted by the suffix "in-law". For the purposes of this definition, a "member of a household" means a person having legal residence in, or living in, an individual's place of residence.

EQUIVALENT LICENSE REQUIREMENTS

(Applies only to applicants applying using Option A)

K.A.R. 26-38-7 allows Kansas licensure through reciprocity for applicants who provide documentation that the criteria of the licensing State are substantially equivalent to the current Kansas examination, education and training experience as specified in K.A.R. 26-38-2 and K.A.R. 26-38-4.

Please carefully review the regulations listed above to determine if Option A is the appropriate choice for your reciprocity application. A brief summary of current Kansas license requirements follows:

γ Passing score on the NAB examination and State law examination.

γ Minimum baccalaureate or higher degree from an accredited college or university.

γ Completion of a 480-hour long-term care administration practicum conducted by a board approved provider

If utilizing Option A please list below the State in which you are/were licensed which has substantially equivalent requirements to current Kansas licensure requirements:

Licensing State

Documentation that the criteria of the licensing State are substantially equivalent to the current Kansas exam, education and training experience must also be provided.

WORK EXPERIENCE

(Applies only to applicants applying using Option B)

K.A.R. 26-38-7 allows Kansas licensure through reciprocity for applicants who have been continuously licensed during the preceding five years and during that time, the applicant annually attained at least 2,080 hours of experience as an administrator of record of a licensed adult care home or a licensed long-term care unit of a hospital.

If utilizing Option B for reciprocal licensure, please list the relevant employment information for the preceding five years:

The applicant shall also provide documentation of the work experience listed above as required by K.A.R. 26-38-7.

EDUCATION

(Applies only to applicants applying using Option C)

College/University	Degree	Date Conferred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If applicable, transcripts must be sent by the college or university directly to Health Occupations Credentialing. If you are filing for testing under KSA-65-3504(b), request, complete, and submit Application for Exemption of Formal Education

PRACTICUM

(Applies only to applicants applying using Option C)

Each applicant utilizing Option C must satisfactorily complete a board approved long-term care administration practicum of not less than 480 hours.

Practicum Sponsor _____ Coordinator _____

College/University/Sponsor

Preceptor _____ Preceptor# _____

Practicum Beginning Date _____ Ending Date _____

Health Services Executive Certification

(Applies only to applicants using Option D)

K.A.R. 26-38-7(c)(1) requires the applicant have a current health services executive credential.

K.A.R. 26-38-7(c)(2) requires the applicant has not had any disciplinary action of a serious nature brought by a licensing board or agency against the candidate.

Facility Type

(all applicants must complete this section)

Please indicate the type of facility in which you are licensed to be an Administrator of record for each state you hold licensure.
(NF, SNF, AL, RHCF, etc.)

Disciplinary Action

(All applicants must complete this section)

If you answer yes to any misdemeanor/felony/disciplinary question(s) on the application the required documentation must be received by this Board, or your application will be considered incomplete and cannot be processed. If you have questions about the conviction or disciplinary action requirements, please contact Wendy Jacobs at 785.296.0061 or wendy.jacobs@ks.gov. Review the information for an explanation regarding the documentation that must be submitted if you answer "yes" to any of the following questions.

Have you ever been convicted of a felony? **Yes** _____ **No** _____

Have you ever been convicted of a Class A misdemeanor?
(any crimes as listed in K.A.R.26-38-5) **Yes** _____ **No** _____

Have you had a judgement of settlement in civil record?
(as described in K.A.R. 26-38-5) **Yes** _____ **No** _____

Do you have any pending criminal case against you for a felony or Class A misdemeanor offense? **Yes** _____ **No** _____

Do you presently have any physical or mental conditions or use of drugs or alcohol that could affect your ability to competently and safely practice as an Administrator of record for an Adult Care Home? **Yes** _____ **No** _____
(if yes, submit an explanatory letter and physician's release)

Has disciplinary action ever been taken against an adult care home administrator license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or another state or jurisdiction?
Yes _____ **No** _____

(If yes, please provide specific details and copies of all relevant documents.)

Have you ever had an Adult Care Home Administrator license denied, revoked, limited, suspended, or publicly or privately censured by a licensing authority? **Yes** _____ **No** _____
(If yes, please provide specific details and copies of all relevant documents.)

Are you registered, certified, or licensed in any other profession? **Yes** _____ **No** _____

If yes, please list: _____

Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending?
Yes _____ **No** _____

Have you ever allowed any professional license to expire while an investigation or discipline was pending? **Yes** _____ **No** _____

Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? **Yes** _____ **No** _____

NOTE: Pursuant to state regulations, the Board requires that you provide all reports and court documents related to the conviction. Materials should be submitted to Health Occupations Credentialing. Please note, any and all costs for obtaining such reports/documents are your responsibility. You are also invited to submit a letter and any other additional supporting information or documents to the Board explaining the circumstances surrounding the case, complete resolution of the issue (including final probation, community corrections or parole documents), and how/why this situation is not expected to occur again. The candidate shall have the burden of proving that the candidate has been rehabilitated and warrants the public trust.

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the Board to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.

Signature: _____ **Executed on:** _____
(date)

Submit application, fee and supporting documents to:
Health Occupations Credentialing
Kansas Department for Aging and Disability Services
503 S Kansas Ave, Suite 300C
Topeka, Kansas 66603-3404